STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	Initial Comments The State Agency (SA) conducted a Complaint Investigation (CI), MS #25982, CI MS #26389 and CI MS #26398 at the facility on 9/9/24. During the survey, the SA determined the facility was not in compliance with the Minimum Standards for Institutions for the Aged or Infirm, state licensure requirements for CI MS #26389 and CI MS #26398. The facility failed to provide Cardiopulmonary Resuscitation (CPR) and emergency services to a resident who was found to have no respirations and no pulse. No deficiencies were cited for CI MS #25982 related to physician appointments. On 9/4/24 at 7:45 PM, Resident #1, who had a Full Code status, was found without respirations or a pulse. The nurse did not initiate CPR or activate emergency services for Resident #1. During the investigation, the SA identified an Immediate Jeopardy (IJ)) on 9/9/24. IJ existed at Rule 45.17.2 - Resident Rights - M500 Level IV. The facility's failure to provide CPR and implement the care plan resulted in Resident #1 not receiving life sustaining measures and he expired at the facility. The SA notified the facility's Administrator of the IJs on 9/9/24 3:02 PM and provided the Administrator with the IJ templates. Based on the facility's implementation of corrective actions on 9/5/24, the SA determined the IJ to be Past Non-Compliance (PNC) and the IJ was removed as of 9/6/24, prior to the SA's first entrance on 9/9/24.	M 000		

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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M 000	Continued From page 1 At the time of the survey, the facility was licensed for 60 beds and had a census of 49.	M 000		
M 500	45.17.2 Residents' Rights Residents' Rights. The residents' rights policies and procedures ensure that each resident admitted to the facility: 1. is fully informed, as evidenced by the resident's written acknowledgment, prior to or at the time of admission and during stay, of these rights and is given a statement of the facility's rules and regulations and an explanation of the resident's responsibility to obey all reasonable regulations of the facility and to respect the personal rights and private property of other residents; 2. is fully informed, and is given a written statement prior to or at time of admission and during stay, of services available in the facility, and of related charges including any charges for services covered by the facility's basic per diem rate; 3. is assured of adequate and appropriate medical care, is fully informed by a physician or nurse practitioner/physician assistant of his medical conditions unless medically contraindicated (as documented by a physician or nurse practitioner/physician assistant in his medical record), is afforded the opportunity to participate in the planning of his medical treatment, to not be limited in his/her choice of a pharmacy or pharmacist provider in accordance with state law, as referenced in House Bill 1439, which states that the facility shall not limit a resident ' s choice of pharmacy or pharmacy	M 500		9/9/24

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

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M 500	Continued From page 2	M 500		

provider if that provider meets the same standards of dispensing guidelines required of long term care facilities, to refuse to participate in experimental research, and to refuse medication and treatment after fully informed of and understanding the consequences of such action;

4. is transferred or discharged only for medical reasons, or for his welfare or that of other residents, or for nonpayment for his stay (except as prohibited by sources of third-party payment), and is given a two weeks advance notice in writing to ensure orderly transfer or discharge. A copy of this notice is maintained in his medical record;

5. is encouraged and assisted, throughout his period of stay, to exercise his rights as a resident and as a citizen, and to this end may voice grievances, has a right of action for damages or other relief for deprivations or infringements of his right to adequate and proper treatment and care established by an applicable statute, rule, regulation or contract, and to recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

6. may manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

7. is free from mental and physical abuse;
8. is free from restraint except by order of a physician or nurse practitioner/physician

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

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M 500	Continued From page 3	M 500		

assistant, or unless it is determined that the resident is a threat to himself or to others. Physical and chemical restraints shall be used for medical conditions that warrant the use of a restraint. Restraint is not to be used for discipline or staff convenience. The facility must have policies and procedures addressing the use and monitoring of restraint. A physician order for restraint must be countersigned within 24 hours of the emergency application of the restraint;
9. is assured security in storing personal possessions and confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in the case of his transfer to another health care institution, or as required by law of third-party payment contract;

10. is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

11. is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

12. may associate and communicate privately with persons of his choice, may join with other residents or individuals within or outside of the facility to work for improvements in resident care, and send and receive his personal mail unopened, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record);

13. may meet with, and participate in activities of, social, religious and community groups at his

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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M 500	Continued From page 4 discretion, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 14. may retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other residents, unless medically contraindicated (as documented by his physician or nurse practitioner/physician assistant in his medical record); 15. if married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician or nurse practitioner/physician assistant in the medical record); and 16. is assured of exercising his civil and religious liberties including the right to independent personal decisions and knowledge of available choice. The facility shall encourage and assist in the fullest exercise of these rights. This Statute is not met as evidenced by: Level IV Based on interviews, record review, and facility policy review, the facility failed to initiate Cardiopulmonary Resuscitation (CPR) and provide emergency services to a resident who was found to have no respirations and no pulse for one (1) of three (3) sampled residents. Resident #1. Resident #1, who had a Full Code status, was found to have no respirations and no pulse. The nurse did not initiate CPR or activate emergency	M 500	Past Noncompliant No plan of correction needed.	

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 5	M 500		

services for Resident #1. The resident expired in the facility.

The situation was determined to be an Immediate Jeopardy (IJ) and Substandard Quality of Care (SQC) that began on 9/4/24 when Resident #1 was found by facility staff to be unresponsive and without respirations, a pulse or blood pressure.

The facility Administrator was notified of the IJ and SQC on 9/9/24 at 3:02 PM and was provided an IJ Template.

Based on the facility's implementation of corrective actions on 9/5/24, the State Agency (SA) determined the IJ and SQC to be Past Non-Compliance (PNC) and the IJ was removed as of 9/6/24, prior to the SA's first entrance on 9/9/24.

Findings Include:

A record review of the facility's "Cardiac Resuscitation Policy" latest revision date 02/24, revealed, "It is the policy of this facility to provide basic life support, including CPR, Cardiopulmonary Resuscitation, when a resident requires such emergency care, prior to the arrival of emergency medical services, subject to physician orders and resident choice indicated in the resident's advance directives. Nurses and other care staff are educated to initiate CPR unless a valid Do Not Resuscitate (DNR) order is in place or obvious clinical signs of death are present such as rigor mortis ..."

Record review of the "Progress Notes" by Licensed Practical Nurse (LPN) #1 dated 9/4/24 at 7:45 PM, revealed that she walked by Resident #1's room and noticed he did not look well. Upon

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 6	M 500		

entering the room, she found the resident unresponsive, with no respirations, pulse, or blood pressure. She then notified the coroner, the family, the Administrator, and the Nurse Practitioner of the resident's death. There was no indication that CPR was initiated or that emergency services were called.

Record review of a Progress Note dated 9/5/24 at 2:57 PM by LPN #1 revealed a clarification note for 9/4/24, "In my previous noted, I did not make it understandable that Resident's face and upper arms were cool to touch but when I uncovered lower arms and legs, his body was still warm ..."

Record review of "Resident/Family Consent for Cardiopulmonary Resuscitation (CPR)" for Resident #1, dated 3/3/20, revealed "I understand that CPR constitutes and extraordinary measure and SHOULD be done on this resident in the case of extreme emergency."

Record review of Resident #1's "Physician's Telephone Order" dated 3/3/2020 revealed an order for "Full Code" indicating that the resident should receive CPR.

An interview with the Staff Development Coordinator on 9/9/24 at 12:45 PM, revealed that she instructed LPN #1 via phone to initiate CPR on Resident #1. Staff Development Coordinator further stated that when she asked LPN #1 why she had not performed CPR on Resident #1 LPN #1 responded it was because the resident was already deceased.

The Deputy County Coroner revealed in an interview on 9/9/24 at 12:59 PM, that she received a call from LPN #1 on 9/4/24 at 7:55 PM, reporting Resident #1's death at 7:45 PM.

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

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M 500	Continued From page 7	M 500		

The Coroner noted that facilities typically notify her after CPR and emergency services have been attempted. She pronounced Resident #1 deceased at the facility at 8:22 PM and observed that the resident did not exhibit rigor mortis or dependent lividity. The Deputy County Coroner further reported that when asked why CPR had not been initiated, LPN #1 stated that she had last seen the resident alive at 6:20 PM and was unsure of the exact time of death.

During an interview on 9/9/24 at 1:30 PM, the Administrator confirmed that CPR should have been initiated on Resident #1, but it was not performed.

Record review of the "Facesheet" for Resident #1 revealed the facility admitted Resident #1 on 3/3/20 with diagnoses that included Dementia and Chronic Kidney Disease.

The facility submitted the following acceptable Corrective Action Plan on 9/9/24:

Corrective Action Plan

On September 4, 2024, while making rounds at 7:45 PM, Licensed Practical Nurse #1 reports glancing into Resident #1's room and observed resident not looking right and entered Resident #1's room to assess Resident #1's status. Licensed Practical Nurse #1 reports that resident was without active vita! signs, face and upper arms cool to touch, rest of body warm. Licensed Practical Nurse #1 then placed a call to the coroner at 7:55 PM and did not initiate cardiac resuscitation measures and call 911. Resident #1 medical record indicates resident was with full code status. Licensed Practical Nurse #1 notified facility Administrator of resident death at 8:00 PM.

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEGACY MANOR NURSING AND REHABILITATION	1935 NORTH THEOBOLD EXTENSION GREENVILLE, MS 38704

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M 500	Continued From page 8 Licensed Practical Nurse #1 notified Staff Development Nurse #1 at 8:05 PM who instructed Licensed Practical Nurse # 1 to initiate Cardiopulmonary Resuscitation efforts. Licensed Practical Nurse #1 notified Nurse Practitioner at 8:10 PM of resident death. Licensed Practical Nurse #1 contacted Resident #1's sister at 8:15 PM and resident's family arrived at the facility at 8:45 PM. On September 5, 2024, approximately 8:20 AM, it was determined by Staff Development Nurse #1 that Licensed Practical Nurse #1 did not initiate Cardiopulmonary Resuscitation efforts. On September 5, 2024, at approximately 8:30 AM the facility Administrator was notified by Assessment Nurse #1 of the failure by Licensed Practical Nurse #1 to initiate cardiopulmonary resuscitation on Resident #1. On September 5, 2024, at approximately 9:35 AM, Licensed Practical Nurse #1 was suspended via telephone by facility Administrator pending investigation. On September 5, 2024, at approximately 9:30 AM, the facility Administrator interviewed Licensed Practical Nurse #1. The interview indicated Licensed Practical Nurse #1 was aware of the full code status and did not initiate Cardiopulmonary Resuscitation due resident being without signs of life. On September 5, 2024, the Regional Supervisor and Vice President interviewed Licensed Practical Nurse #1 via telephone. The interview indicated the Licensed Practical Nurse #1 did not initiate Cardiopulmonary Resuscitation. On September 5, 2024, the Assessment Nurse	M 500		

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 9 #1, interviewed the three Certified Nurse's Aide on shift at the time of the incident. The Certified Nurse Aide #1 was interviewed and confirmed that Cardiopulmonary Resuscitation was not initiated by Licensed Practical Nurse #1. The Certified Nurse Aide #2 was interviewed and reported that she had informed Licensed Practical Nurse #1 to start Cardiopulmonary Resuscitation after speaking to Staff Development Nurse #1 via telephone on the evening of September 4, 2024. Certified Nursing Aide #2 also reported that Licensed Practical Nurse #1 stated "no" because he is already deceased. Certified Nurse Aide #3 was interviewed and reported that Licensed Practical Nurse #1 did not perform Cardiopulmonary Resuscitation on Resident #1. On September 5, 2024, the approximately 4:30 PM, the State Department of Health was notified of the initial report via telephone of the incident. On September 6, 2024, at approximately 2:00 PM, an initial report was submitted to local law enforcement, Attorney General's Office, and the Mississippi Board of Nursing of the incident involving Licensed Practical Nurse #1. On September 6, 2024, at approximately 3:30 PM Licensed Practical Nurse #1 was terminated via telephone for failure to follow instructions from Staff Development Nurse #1 to initiate cardiopulmonary resuscitation on Resident #1 per facility policy. A facility Quality Assurance Committee meeting was held at approximately 3:30 PM, September 5, 2024, to include facility Quality Assurance Committee members which consisted of the facility Administrator #1, Corporate Nurse #1,	M 500		

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	76GC	A. BUILDING: _____ B. WING _____	C 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 500	Continued From page 10 Regional Supervisor #1, Staff Development Nurse #1, Infection Preventionist Nurse, Medical Director #1, Assessment Nurse #1, Social Service Director #1, Activities Director #1 and Administrative Assistant #1. Topics discussed included: Failure to initiate CPR measures for a full code resident. The facility corrective actions were reviewed and initiated September 5, 2024, to include the following: in-service training, code drills, medical record audits, and monitoring systems ongoing. On September 5, 2024, in-service training was initiated by Staff Development Nurse #1 and Assessment Nurse #1 to include all Registered Nurses, Licensed Practical Nurses, Certified Nursing Assistants, Housekeeping and Laundry staff, office personnel and contracted therapy department on the following: (a) Cardiopulmonary Resuscitation Policy, (b) Change in Resident Medical Status, (c) Emergency Care of Residents, (d) Care Plan Process, (e) Advance Directives, physician orders (f) Resident Rights, (g) Resident Abuse/Neglect and Reporting. The in-service conducted on September 5, 2024, included two (2) Registered Nurses, five (5) Licensed Practical Nurses, and eight (8) Certified Nursing Assistants. Facility staff and agency staff if utilized will not be allowed to work until the proper in-service training has been conducted. On September 5, 2024, Cardiopulmonary Resuscitation (CPR) Code Drills were initiated by the facility Staff Development Nurse #1 and the facility Assessment Nurse #1 for all Registered Nurses and Licensed Practical Nurses. Registered Nurses and Licensed Practical Nurses will not be allowed to provide direct patient care until participation in a code drill has been conducted. Code drill exercises will be	M 500		

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M 500	Continued From page 11 performed daily until all Registered Nurses and Licensed Practical Nurses have participated in at least one exercise, and then code drills will continue as outlined below. On September 5, 2024, all active resident's medical record charts were audited by the facility Staff Development Nurse #1, and Assessment Nurse #1 to ensure proper code status identification. The results of this audit showed one discrepancy found and was immediately corrected. On September 5, 2024, all active residents plan of care were audited by the facility Assessment Nurse #1 and the Staff Development Nurse #1 to ensure proper code status identification. The audit results showed no issues found. On September 5, 2024, monitoring systems were put in place to sustain compliance. (a) Verify licensed staff Cardiopulmonary Resuscitation certification status upon hire and monthly by the Director of Nursing. (b) All active resident medical records and plan of care will be monitored for the correct code status weekly for four (4) weeks, bi-weekly for three (3) months, then monthly thereafter. (c) the facility began monitoring cardiopulmonary resuscitation code drills on all three shifts, weekly times four (4) weeks, monthly time three (3) months, then per facility protocol thereafter (every four (4) months rotating shifts) (d) the facility began crash cart inventory checks for 30 days and then weekly thereafter. The facility Administration will have a follow up Quality Assurance Meeting on September 26, 2024, and monthly times two months and then quarterly thereafter.	M 500		

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M 500	Continued From page 12 The facility alleges that all corrective actions to remove the IJ were completed on September 5, 2024, and the Immediate Jeopardy was removed as of September 6, 2024. Validation: The State Agency (SA) validation of the Corrective Action Plan was made on-site during the Complaint Investigation (CI) MS #26389 and CI MS #26398. On 9/9/24, the SA validated through record review and interviews that all corrective actions to remove the IJ were completed by the facility on 9/5/24 and the IJ was removed on 9/6/24, prior to the SA entering the building on 9/9/24.	M 500		